

STATE OF NEVADA  
COMMISSION ON MINERAL RESOURCES  
**DIVISION OF MINERALS**  
400 W. King Street, Suite 106  
Carson City, Nevada 89703  
(775) 684-7040 | Fax (775) 684-7052

**OIL, GAS, AND GEOTHERMAL ORGANIZATION REPORT**

1. Full name of company, organization, or individual \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. Post office address \_\_\_\_\_  
Street or Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
3. Form and Purpose of Organization:
  - A. State whether corporation, joint stock association, firm, or partnership, etc. \_\_\_\_\_
  - B. State purpose of organization (producer, pipe line, refiner, etc.) \_\_\_\_\_
  - C. Corp/Entity number issued by Nevada Secretary of State \_\_\_\_\_
  - D. If foreign corporation:
    1. State where incorporated \_\_\_\_\_
    2. Name and address of Nevada agent \_\_\_\_\_
  3. Date of permit to do business in Nevada \_\_\_\_\_
4. Officers:

	<u>Name</u>	<u>Address</u>
Trustee	_____	_____
Trustee	_____	_____
President	_____	_____
Vice Pres.	_____	_____
	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
5. Directors:

	<u>Name</u>	<u>Address</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
6. Is this a reorganization? \_\_\_\_\_  
If so, what is old corp/entity number issued by the Secretary of State of Nevada? \_\_\_\_\_
7. Attach a copy of your certificate of qualification from the Secretary of State of Nevada.

I hereby certify that I have personal knowledge of the ownership, management, and officers of the above firm and that the statements above are true, correct, and complete.

Signed \_\_\_\_\_  
Position \_\_\_\_\_  
Date \_\_\_\_\_